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COMPREHENSIVE HEALTH SERVICES FOR THE RURAL POOR.

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SEVERAL WRITERS HAVE DEPICTED AGRICULTURAL MIGRANTS AS BEING ONE OF THE MOST DEPRIVED GROUPS IN OUR COUNTRY. HOWEVER, THE NON-MIGRANT AGRICULTURAL WORKERS, WHO FAR OUTNUMBER THE MIGRANTS, ALSO LIVE IN EXTREMELY POOR CIRCUMSTANCES AND ARE VIRTUALLY UNNOTICED BECAUSE THEY DO NOT DRAW ATTENTION THROUGH MIGRATION. BOTH OF THESE GROUPS ARE IN DIRE NEED OF COMPREHENSIVE HEALTH SERVICE, BUT ONLY THE MIGRANTS RECEIVE A LIMITED AMOUNT OF CARE. A COMPREHENSIVE HEALTH PROGRAM FOR THE RURAL POOR SHOULD INCLUDE--FAMILY HEALTH SERVICES, CLINICS, A HOSPITALIZATION PLAN, FAMILY ORIENTED NURSING, DENTAL CARE, HEALTH EDUCATION, NUTRITIONAL SERVICES, AND SOCIAL SERVICES. THESE RURAL HEALTH PROGRAMS SHOULD INVOLVE RURAL YOUTH IN SOME MANNER, SUCH AS THE CANDY STRIPERS, FOR ONLY THROUGH THIS KIND OF INVOLVEMENT WILL THERE BE LASTING BENEFIT. THIS SPEECH WAS PRESENTED AT THE NATIONAL OUTLOOK CONFERENCE ON RURAL YOUTH, OCTOBER 23-26, 1967, WASHINGTON, D. C., SPONSORED JOINTLY BY THE U. S. DEPARTMENTS OF AGRICULTURE, HEALTH, EDUCATION, AND WELFARE, INTERIOR, AND LABOR, OEO, AND THE PRESIDENT'S COUNCIL ON YOUTH OPPORTUNITY. (ES)

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COMPREHENSIVE HEALTH SERVICES FOR THE RURAL POOR

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Migrant agricultural workers have been identified as a rather unique group. The efforts of writers (John Steinbeck - Grapes of Wrath), T.V. commentators (Edward R. Morrow - "Harvest of Shame") and many other interested individuals and agencies inside and outside of government have convinced the American public and the state and national legislators that the living conditions experienced by most migrant agricultural workers were unacceptable. In other words that migrants were entitled to the same basic human rights of food, shelter, clothing, and health as other Americans.

There are certain unique factors about migrant agricultural workers and the main factor is mobility, moving from place to place to harvest crops. This mobility has been vividly described and most of you probably have seen trucks and old school buses on the highways loaded with adults and children traveling to different farming areas or returning from a long day in the fields picking beans or tomatoes, pulling corn, or harvesting apples, peaches, cherries, etc. If you take away this mobility what do you have?

Let us consider the agricultural worker that does not migrate every year or any year. In Palm Beach County which is a "home base" approximately 20,000 migrant agricultural workers start returning from "up the road" in September and live and work in the area for 6 to 8 months until May or June when they depart for the Carolinas, New Jersey, New York, the Mid West and New England. Because the migrant lives and works in the home base area for most of the year they are similar to the poor agricultural workers you would find in many rural areas of the country. In other non "home base" areas where agricultural workers migrate to live and work for short periods they can be identifiable and labeled. This segment of the population, the agricultural worker that migrates, is merely the "tip of the iceberg" and his plight has laid heavily on the conscience of most Americans. But what about the other portion of the iceberg, the largest part that lies under the surface of public awareness and public conscience? I'm speaking of those rural poor who are living in much the same conditions as migrant agricultural workers, but who don't migrate to remind certain areas of the country of their presence.

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The non-migrant agricultural workers stay in the rural area and the local community is "use to them". In Palm Beach County it was difficult to identify the migrant from the non-migrant and except for some grant requirements it really didn't matter. Both groups were in dire need of the basic health care that most Americans consider a necessity.

The usual response in the past to the health needs of the non-migrant or resident agricultural worker is that the resident is eligible for welfare and health services available to any indigent person living in the county. But the fact is that in many rural areas adequate health services are not actually available to the resident or the migrant agricultural worker. I was frequently impressed with the absurdness of asking patients who attended the migrant mobile clinic in Palm Beach County if they were migrants. Certainly if I was sick and in need of medical care and a clinic was in the area providing care to the same people who worked in the fields with me I would be tempted to say I was from Mars if it was necessary to get the care I needed and couldn't get otherwise. We were forced to refuse care to non-migrant patients who were not actuely ill because there were too many migrant patients to be taken care of with the facilities and personnel available.

In many rural areas if health services are available to the poor agricultural worker the services are limited to care for the acutely ill patient in the hospital or if the patient is ambulatory he might be seen at a doctor's office if a doctor is available and willing to take care of indigent patients. Obviously this is not adequate medical care and usually results in more illness and death in that segment of the rural population. For example, in 1963 the infant mortality rate for the non-white, rural population was 49.6 deaths per 1000 live births compared to 23.1 deaths for the white population which indicates that the risk of dying in the first year of life was twice as great if the baby was non-white rather than white in an rural area. We can assume the most of the non-white are poor and that most of the white are not poor in rural areas of the country with white and non-white populations.

I submit to you that in many areas of the country, at least in the southeast and southwest, the rural poor, migrant and non-migrant, are in dire need of comprehensive health services. I also submit that no significant improvement will result in the health of migrants until the entire problem of the rural poor is dealt with through comprehensive programs of personal and environmental health services.

What is a comprehensive health program for rural agricultural workers and their families? In my opinion such a program should at least contain the following elements which gradually become a part of the migrant health project in Palm Beach County:

1. Family Health Services Clinics. These are clinics that provide a full range of preventive, diagnostic and treatment services for

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infants, children, and adults at one clinic. This should include information and services in the current, medically accepted techniques of family planning whether it be the rhythm system, the pill, or the intrauterine devices with the patient expressing her perference without pressures but with an adequate understanding of the need for planning her family. The usual services of immunizations including measles vaccine must be provided as well as routine screening and diagnostic lab procedures. Diagnosis and treatment of acutely and chronically ill patients of all ages must be provided by competent well-trained physicians who are interested in the clinic patients and not by men who can't do anything else. The clinic physicians must be paid at a level comparable to their office practice because the clinic patients should get the same quality of care. Treatment must include dispensing of indicated drugs at the clinic site. It is a mistake to provide the full range of patient services and then give the patient a prescription that usually will not be filled either because a drug store is not available or the patient doesn't have the funds to pay for the prescription. We also found it much less expensive to purchase drugs at State contract prices and have the doctors give the drugs to the patients without charge rather than write prescriptions. An added benefit was decrease in waste of medications by having a nurse explain the dosage instructions to each patient. The most important factor in providing this type of clinic service is availability. The clinic should be in the immediate area so that transportation is not a problem and at a suitable time of day or night when patients including parents with small children can attend without losing income from their jobs. The clinic should also be available in the sense that the patients are welcome and treated courteously and with respect as individuals. An important means of achieving patient acceptance is the involvement of professionals and sub-professionals from the ethnic groups being served as members of the clinic team. This is especially true when the clinic patients are not fluent in English, and interpretors are needed.

Thus, it is apparent that in many situations mobile clinics are the most effective way of providing this type of available clinic operation especially when faced with the usual limitation of funds. There are handicaps with mobile units, but in certain situations, they are extremely valuabde and can be customly constructed and operated at a reasonable cost.

2. A hospitalization plan should be included in comprehensive health services because many rural poor have difficulty getting admitted to hospitals and receiving adequate care either due to their ignorance of the steps required to get admitted through welfare department, etc., or because the hospital requires some payment prior to admission or the physician is too busy with his private

patients to see an indigent patient. All of these and other factors result in indigent patients being sent around from agency to agency and usually not getting admitted until they are critically ill. There are fee elective admissions of rural indigent patients. A medical social worker should be available to help solve these problems for the patient as well as for planning the post hospitalization follow-up. This assumes that funds will be available to reimburse the hospital and to remunerate the physician for in-hospital care. This service obviously should include extended care facilities such as nursing homes due to the frequency of disabling injuries in the agriculture as well as usual convalescence associated with acute and chronic diseases.

3. Family oriented nursing service should be the basic element in a comprehensive health program since the field and clinic nurses are the cadre for getting the work done. However, this is not limited to the usual public health nurse who only gives immunization or only works in well baby clinics. The need is for a public health nursing program that includes field visits to the home for health supervision and casefinding on a regular basis; homecare under medical supervision for acutely and chronically ill on referral by clinic, hospitals, and private physicians; intensive school health nursing services; planning and implementation of individual and group health education adopted to population served; and regular nursing visits to the area hospitals for coordination of services and continuity of care. In my opinion these nurses should also participate as clinic nurses for the same coordination and continuity of patient care.

4. Dental care must be provided in much the same manner as the mobile medical clinic operation. Rural children and adults are in need of prophylaxis and remedical dental care, and it is extremely difficult to arrange for the care except at a time and place suitable to them. Prior to leaving Palm Beach County, the Health Department and School Board had prepared plans for a mobile dental unit with three dental chairs, dark room and waiting room space to be moved every 3 to 4 months to the areas with the greatest concentration of migrant children. If this service is not provided for children in elementary schools the usual result in older children and adults is the loss of many teeth and the need for expensive, time consuming dentures which frequently are not available.

5. Health education, nutritional services, and social service are important elements to a comprehensive health program, and each must be included in the total program planning and operation.

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The result in a multidiciplinary team approach and operation to deliver a personnel health service program that bases its services on the needs of the individual patients in a target population.

However, it is a mistake to assume that these personal health service alone will meet the health needs of agricultural workers and their families. An environmental sanitation program must be included and must function in close coordination with the other elements involved in personal health care. The environmental sanitation program should provide consultation and guidance to the landlords and occupants, inspection, evaluation and recommendation concerning sub-standard rural housing, including camps, rooming houses and other housing within municipalities used by agricultural workers and families; in addition, consultation on rural housing design, construction, and funding should be available as well as advise and instruction to rural families on environmental sanitation to improve their standard of environmental health.

Of course there are other elements of health services that could be included, such as, mental health services and its obvious that unless the educational and employment needs of agricultural workers and their families are met the health services will never be able to bring about significant improvements in the life of the agricultural worker.

How do you provide all of these services, especially in areas that are already "depressed" or have severe limitations on tax revenue? In Palm Beach County the program resulted primarily from financial resources of the Federal government, initially through grants from the Children's Bureau now located in the Bureau of Social and Rehabilitation Service, HEW, and later from the Migrant Branch; Bureau of Health Serivce, HEW. Of course, the local matching funds were also utilized and the actual program planning and operation was performed by local people--nurses, doctors, social workers, nutritionists, clinic aides, sanitarians, health educations, etc. At no time were the local people told to provide certain services or dictated to in regard to the planning and operation. The main handicap of grants through the Federal agencies in my opinion is the actual preparation of applications and reports but that all "boils down" to learning how to play the game according to the rules. Its not difficult it just takes a certain amount of time.

How does all this affect youth in rural America? Certainly many young people receive care in these programs and high school students can assist in the clinics - such as the Candy Stripers that helped us, but young people should be more involved and in fact they should participate in the study of the needs and the delivery of services in their community. Only with this kind of involvement will these problems that older people passed on to younger people be solved with any lasting benefit.